

## Electronic Patent Application Fee Transmittal

| <b>Application Number:</b>                              | 10531158  |          |        |                      |
|---|---|----------|--------|----------------------|
| <b>Filing Date:</b>                                     | 12-Apr-2005   |          |        |                      |
| <b>Title of Invention:</b>                              | Method for decreasing depression by inhibiting the activity of n-type calcium channel |          |        |                      |
| First Named Inventor/Applicant Name:                    | Hee-Sup Shin  |          |        |                      |
| <b>Filer:</b>   | Susan W. Graf/Adrienne Chocholak  |          |        |                      |
| <b>Attorney Docket Number:</b>                          | 7037-70886-01   |          |        |                      |
| Filed as Small Entity                                   |   |          |        |                      |
| <b>U.S. National Stage under 35 USC 371 Filing Fees</b> |   |          |        |                      |
| Description   | Fee Code  | Quantity | Amount | Sub-Total in USD(\$) |
| <b>Basic Filing:</b>                                    |   |          |        |                      |
| <b>Pages:</b>   |   |          |        |                      |
| <b>Claims:</b>  |   |          |        |                      |
| <b>Miscellaneous-Filing:</b>                            |   |          |        |                      |
| <b>Petition:</b>  |   |          |        |                      |
| <b>Patent-Appeals-and-Interference:</b>                 |   |          |        |                      |
| Post-Allowance-and-Post-Issuance:                       |   |          |        |                      |
| <b>Extension-of-Time:</b>                               |   |          |        |                      |
| Extension - 3 months with \$0 paid                      | 2253  | 1        | 525    | 525                  |

| Description                       | Fee Code | Quantity | Amount | Sub-Total in USD(\$) |
|-----------------------------------|----------|----------|--------|----------------------|
| Miscellaneous:                    |          |          |        |                      |
| Request for continued examination | 2801     | 1        | 405    | 405                  |
| Total in USD (\$)                 |          |          |        | 930                  |